



Please type a plus sign (+) inside this box



PTO/SB/05 (11-00)

Approved for use through 10/31/2002 OMB 0651-0032. U S. Patent and Trademark Office U S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number*4-25-01*
B71/SEQ
List
J1025 U.S. PTO
04/23/01
09/841132

**UTILITY
PATENT APPLICATION
TRANSMITTAL**
(Only for new nonprovisional applications
under 37 CFR 1.53(b))

Attorney Docket No. **210121.469C8**First Inventor **Ajay Bhatia**Title **COMPOUNDS AND METHODS FOR
TREATMENT AND DIAGNOSIS OF
CHLAMYDIAL INFECTION**Express Mail Label No. **EL755715139US**

1. <input type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i>	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. <input checked="" type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i>	
3. <input checked="" type="checkbox"/> Specification [Total Pages 155] <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> - Descriptive title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings <i>(if filed)</i> - Detailed Description - Claim(s) - Abstract of the Disclosure 	a. <input checked="" type="checkbox"/> Computer Readable Form (CRF)	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 11]	b. <input checked="" type="checkbox"/> Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input checked="" type="checkbox"/> paper 	
5. Oath or Declaration [Total Sheets _____]	c. <input checked="" type="checkbox"/> Statements verifying identity of above copies	
a. <input type="checkbox"/> Newly executed (original or copy)	ACCOMPANYING APPLICATION PARTS	
b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) <i>(for a continuation/divisional with Box 18 completed)</i>	9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	<input type="checkbox"/> Power of Attorney
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	10. <input type="checkbox"/> 37 CFR 3.73(b) Statement	<input type="checkbox"/> Copies of IDS Citations
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i>	
18. If a CONTINUING APPLICATION , check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:	12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449	13. <input type="checkbox"/> Preliminary Amendment
<input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) <input checked="" type="checkbox"/> of prior application No. 09/620,412	14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>Should be specifically itemized</i>	15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>
<i>Prior application information</i> Examiner: not assigned Group Art Unit: 1646	16. <input type="checkbox"/> Request and Certification under 35 U.S.C. Applicant must attach form 122(b)(2)(B)(i). PTO/SB/35 or its equivalent.	17. <input type="checkbox"/> Other: _____
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.		

19. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Correspondence address below		or:	<input checked="" type="checkbox"/> Customer Number or Bar Code Label
Attorney	Jane E. R. Potter		
Address			
City, State, Zip			
Country			
Telephone	Fax		
Name (Print/Type)	James M. Verna	Registration No. (Attorney/Agent)	33,287
Signature	<i>James M. Verna</i>		Date 04/23/01


00500

PATENT TRADEMARK OFFICE

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231